

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23		1				
24		1				
25		1				
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28		1				
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30		1				
31		1				
32	1					
33	1					
34	1	1				
35	1	1				
36		2				
37		2				
38		2				
39		2				
40		2				
41	1					
42		1				
43		1				
44						
45						
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.						
TOTAL CLAIMS	54					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						